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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	136600001		CITY OR TOWN	WEST BRI	IDGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	FREDA'S				
ADDRESS 105 COPE					
CITY/TOWN: WEST	BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: STATI P.	HIS, STEVEN TYPE C	F LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBSIT CENSED PREMISES:		IAIL ADDRESS		
 the renewed the licensee 	ear under penalties of particles of particles will be of the same has complied with all be are now open for busing	same type for the aws of the Comm	nonwealth relating t		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:			FION NUMBER:
Acts of 2004, signed	attest that we are in p by the building inspec rtificate of liquor liab	tor and the head	of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 136600002	(LITY OR TOWN	WEST DKI	DGEWATER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAMOSET ROD &	GUN CLUB, INC.			
DOING BUSINESS	A				
ADDRESS 350 MA	ΓFIELD ST.				
CITY/TOWN: WES	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: LAM	ORE, TYPE RENCE J.	E OF LICENSE: Club	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
KITCHEN, FULL C. REAR EAST AND V	ELLAR, FRONT DOC WEST EXIT.	OR ENTRANCE, EA	ST DOOR ENTR.	ANCE, FIRE	EXIT
I hereby certify and s	wear under penalties o	of perjury that:			
1. the renew	ed license will be of th	e same type for the sa	ame premises now	licensed;	
2. the license	ee has complied with a	all laws of the Commo	onwealth relating t	o taxes; and	
3. the premis	ses are now open for b	usiness (If not explain	n below)		
CICNED DV.					
SIGNED BY:	Individual, Partner o	or Authorized Corpora	ate Officer		
DATE:	TELEPHONE	NII IMBED.	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TELEFTIONE	NOWIDEK.			ecurity Number)
	d, attest that we are i				
	d by the building insp				
license and (2) the o	certificate of liquor li	ability insurance req	quired by Chapte	r 116 of the .	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ıın)		-		
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	ENSEES DURING THE MON	NTH OF NOVEMBER (A)		



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	WEST BRI	DGEWATER
Annual	LICEN	SED FOR 20	13
CLASS		•	YEAR
2.			
STATE: MA	ZIP CODE:	02379	
OF LICENSE:Res	taurant CA	ATEGORY:	All Alcohol
-			
ITE AND ENTER YOUR EM	IAIL ADDRESS		
ITH BAR WHICH RAGE AREAS, WA	ALK-IN COOLERS	AND FREEZ	
f perjury that:			
• 1	•		
	· ·	o taxes; and	
	· 		
: Authorized Corpo	rate Officer		
NUMBER:			
ector and the head	of the fire departs	ment for the	above named
	LOCAL LICENS	SING AUTHO	ORITY
	By:		
ENSEES DURING THE MO	ONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16.	A)
	CLASS STATE: MA OF LICENSE:Res ITE AND ENTER YOUR EM S: ITH BAR WHICH RAGE AREAS, WA ERS WITH CELLA E perjury that: E same type for the I laws of the Communications (If not explains) Authorized Corpo NUMBER: A possession (1) the ector and the head bility insurance recommunications.	Annual LICEN CLASS STATE: MA ZIP CODE: OF LICENSE:Restaurant C. THE AND ENTER YOUR EMAIL ADDRESS S: ITH BAR WHICH INCLUDES NEW RAGE AREAS, WALK-IN COOLERS ERS WITH CELLAR FOR STORAGE Sperjury that: Exame type for the same premises now I laws of the Commonwealth relating to siness (If not explain below) Authorized Corporate Officer NUMBER: EMPLOYER (Note: NOT Inc.) A possession (1) the certificate required to the fire departs billity insurance required by Chapte LOCAL LICENS By:	STATE: MA ZIP CODE: 02379 OF LICENSE: Restaurant CATEGORY: ITE AND ENTER YOUR EMAIL ADDRESS S: ITH BAR WHICH INCLUDES NEW DINING RO RAGE AREAS, WALK-IN COOLERS AND FREEZERS WITH CELLAR FOR STORAGE. Seperjury that: e same type for the same premises now licensed; I laws of the Commonwealth relating to taxes; and usiness (If not explain below) Authorized Corporate Officer NUMBER: EMPLOYER IDENTIFICATE (Note: NOT Individual Social Separate of the Exercision of the Employer Individual Social Separate of Indivi



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600008		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CANOE CLUB BALL	LROOM, INC.			
DOING BUSINESS A				
ADDRESS 2 SOUTH STREET				
CITY/TOWN: WEST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: MEROLA, STACEY TYPE L.	OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PREMISES				
ONE STORY LEVEL WITH ONE DANCE		E AND KITCHEN.		
I hereby certify and swear under penalties of	1 0 0			
1. the renewed license will be of the	• •	<u>=</u>		
2. the licensee has complied with all		•	taxes; and	
3. the premises are now open for but	siness (If not exp.	lain below)		
SIGNED BY: Individual, Partner or	Authorized Corn	orate Officer		
1102 110001, 2 11 11122 01	- 144110112 04 Corp			
DATE: TELEPHONE N	MIMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
TELEFTIONET	WINDER.	(Note: NOT Ind		
We the undersigned, attest that we are in Acts of 2004, signed by the building inspe				
license and (2) the certificate of liquor lial				
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:	11.07107110	, , , , , , , , , , , , , , , , , , ,
DISAPPROVED:		·		
(If disapproved explain)				
		-		
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600009		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: DI-EL CORPORATION DOING BUSINESS A VINNY'S CASA GOVERN MADE GOVERN MADE GOVERNMENT OF THE SECOND PROPERTY OF THE SECOND PR				
ADDRESS 115 SOUTH MAIN ST.		ZID GODE	0.2.2.	
CITY/TOWN: WEST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: SOUSA, NINA E. TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE		MAIL ADDRESS		
ADDING 12X25' GREENHOUSE AREA (NORTHSIDE, 16X24' OFFICE AREA/KIT COOLER/FREEZER AREA; 10X28' WAL	ON THE SOUTHS CHEN/PREP SPA	ACE/10X24' WALK-		EA ON
I hereby certify and swear under penalties of				
1. the renewed license will be of the		=		
2. the licensee has complied with al3. the premises are now open for but		•	taxes; and	
	ismess (ii not expi	uni below)		
SIGNED BY: Individual, Partner or	r Authorized Corpe	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia	ector and the hea	d of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
· · · · · · · · · · · · · · · · · · ·				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600013		CITY OR TOWN	WEST BRI	DGEWATER	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS			YEAR	
LICENSEE NAME: BIFF'S LIQUID TREA	ASURES INC.				
DOING BUSINESS A THE BRIDGEWAT	ERS WINE SELI	LERS			
ADDRESS 1 SOUTH MAIN STREET					
CITY/TOWN: WEST BRIDGEWATER	STATE: MA	ZIP CODE:	02379		
MANAGER: McCOLE, TERRI TYPE	OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PREMISES TWO ROOMS OF FIRST FLOOR; ONE FO I hereby certify and swear under penalties of 1. the renewed license will be of the 2. the licensee has complied with all 3. the premises are now open for bus	R SALES AND Coperjury that: same type for the laws of the Comm	same premises now monwealth relating to	licensed;		
SIGNED BY: Individual, Partner or	Authorized Corpo	orate Officer			
DATE: TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 136600014		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GEORGE E DIXO	N,II AND GEORG	E E DIXON, III		
DOING BUSINESS	A TRI TOWNE VA	ARIETY			
ADDRESS 4 PLAIN	ST				
CITY/TOWN: WES	T BRIDGEWATER	R STATE: MA	ZIP CODE:	02379	
MANAGER: DIXC	ON, GEORGE TY	PE OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION OF I	LICENSED PREMI	SES:			
ONE FLOOR BLDG EXIT IN FRONT.	., TWO ROOMS FO	OR SALES AND ON	NE FOR STORAGE;F	ENTRANCE	AND
3. the premis		business (If not exp	· 		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600015	CITY OR TOWN WEST BRIDGEWATER							
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013							
CLASS	YEAR							
LICENSEE NAME: SH SPIRITS & MORE CORP. INC.								
DOING BUSINESS A SPIRITS & MORE								
ADDRESS 4 S MAIN ST								
CITY/TOWN: WEST BRIDGEWATER STATE: MA	ZIP CODE: 02379							
MANAGER: THAY, KANHARATTYPE OF LICENSE: Pac	ckage Store CATEGORY: All Alcohol							
EMAIL ADDRESS:								
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LICENSED PREMISES:								
APPROX 3300 SQ FT OF RENTAL SPACE LOCATED AT FOR EXIT AND ENTRY AS WELL AS AN EMERGENCY								
 the renewed license will be of the same type for the the licensee has complied with all laws of the Com the premises are now open for business (If not expl 	monwealth relating to taxes; and							
SIGNED BY: Individual, Partner or Authorized Corpo	orate Officer							
D. 1977								
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)							
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY							
DISAPPROVED:	By:							
(If disapproved explain)								
DATE:	·							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 136600016		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 235 WE		ORS INC			
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: THA	YER, WALTERTYPE O	F LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITI LICENSED PREMISES:	E AND ENTER YOUR E	MAIL ADDRESS		
TWO ROOMS, ON REAR.	E FLOOR, ENTRANCE	AND EXIT AT	FRONT OF BLDG.,	ONE EXIT	AT
 the renew the licens 	swear under penalties of p wed license will be of the s see has complied with all l ises are now open for busi Individual, Partner or A	ame type for the aws of the Com- ness (If not expl	monwealth relating to ain below)		
	marvidual, I artifer of F	rumonzea corp	orace Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 136600018		CITY OR TOWN	WEST BRIDGEWATER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: THE CHARLIE I	HORSE OF WEST BR	DGEWATER, INC.	
DOING BUSI	NESS A			
ADDRESS 67	4 OLD WEST CENTER	ST		
CITY/TOWN:	WEST BRIDGEWATE	R STATE: MA	ZIP CODE:	02379
MANAGER:	BARRETT, TY RICHARD C.	PE OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREM			
MEETING RO	T. OF RESTAURANT,/LC DOM SPACE. OUTSOOR N TWO ACRESS OF LAI	R DECK OF APPROX	2,200 SQ. FT. TOTA	L STRUCTURE
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now lic	censed;
	licensee has complied wit		_	axes; and
3. the	premises are now open for	or business (If not expla	in below)	
SIGNED BY:		er or Authorized Corpo	rate Officer	
DATE:	ты бы∪	NE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TEEET IIO	NE IVONIBEIX.	(Note: NOT Indivi	dual Social Security Number)
Acts of 2004,	rsigned, attest that we ar signed by the building in the certificate of liquor	nspector and the head	of the fire departme	nt for the above named
Please Check Belo	ow:		LOCAL LICENSIN	IG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 136600026		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:					
	A TOWNLINE GENI	ERAL STORE			
ADDRESS 450 EAS	ST CENTER STREET				
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: PAT JAY	EL, TYPE ANTILAL C.	OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE	S:			
WOOD FRAME BL	DG., 1,728 SQ. FT.				
 the renew the licens 	swear under penalties of yed license will be of the see has complied with a ses are now open for but	e same type for the laws of the Con	nmonwealth relating to		
SIGNED BY:	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	136600028		CITY OR	TOWN	WEST BR	IDGEWATER
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	B & N PROPERTIES	S,LLC				
DOING BUSINESS A	A RIVER BEND COU	UNTRY CLUB				
ADDRESS 250 EAST	CENTER ST					
CITY/TOWN: WES	T BRIDGEWATER	STATE: MA	ZIP CO	DDE:	02379	
MANAGER: COSE K	Y, GERARD TYPE	OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF L						
2800 SQ FT. CLUB I DECK THAT SEATS CLUBHOUSE)						
2. the license	wear under penalties of d license will be of the e has complied with al es are now open for bu	e same type for the laws of the Con	nmonwealth r			
SIGNED BY:	Individual, Partner or	· Authorized Corp	oorate Officer			
DATE:	TELEPHONE	NUMBER:				ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ector and the hea	ad of the fire	departi	ment for the	above named
Please Check Below:			LOCAL	LICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain	n)					
(II disupproved explai	 ,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600029	CIT	Y OR TOWN	WEST BRI	DGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: R.F. OWENS CO. INC.				
DOING BUSINESS A TRUCCHI'S SUPERMAI	RKETS			
ADDRESS 53 EAST CENTER STREET				
CITY/TOWN: WEST BRIDGEWATER STA	ATE: MA	ZIP CODE:	02379	
MANAGER: TRUCCI, TYPE OF L WILLIAM M.	ICENSE: Package	Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE ANI) ENTER YOUR EMAIL AI	DDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY, WITH ALCOVE AREA FOR SAI STORAGE ROOM IN BACK OF STORE FOR S			LOCKED	
the renewed license will be of the same the licensee has complied with all laws the premises are now open for business SIGNED BY:	of the Commonw	ealth relating to		
Individual, Partner or Auth	orized Corporate (Officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:	LC By	OCAL LICENS :	ING AUTHO	DRITY
(If disapproved explain)	_			
DATE:	_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 136600032		CITY OR TOWN	WEST BRI	IDGEWATER
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JAMES L. JOHNSON				
DOING BUSINESS	A THE CORNER MAI	RKET			
ADDRESS 227 MA	TFIELD ST				
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER:	TYPE (OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBST	TE AND ENTER YOUR I	EMAIL ADDRESS		_
	LICENSED PREMISES				
TRADITIONAL CO	NVEINCE STORE WIT	TH DELI			
 the renew the licens 	swear under penalties of red license will be of the ee has complied with all ses are now open for bus	same type for the laws of the Com	monwealth relating to		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 136600034		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FOI	R RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CHILI HEAD BBQ	COMPANY, INC			
DOING BUSINESS	A CHILI HEAD BBO	Q COMPANY			
ADDRESS 320 WE	ST CENTER ST				
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: BEL	LO, PAUL TYPI	E OF LICENSE:R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DECORPTION OF	PLEASE ALSO VISIT OUR WEE		EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISI	ES:			
I hereby certify and s	swear under penalties (of perjury that:			
•	ved license will be of the		e same premises nov	v licensed;	
2. the licens	ee has complied with a	all laws of the Con	monwealth relating	to taxes; and	
3. the premi	ses are now open for b	ousiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner of	or Authorized Corr	orate Officer		
	maryadan, raranor	51 1 144 110112 04 C01	orate officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELTOTAL	artember.	(Note: NOT In	dividual Social S	ecurity Number)
We the undersione	d, attest that we are i	n nossession (1) t	he certificate requi	red by Chant	er 304 of the
Acts of 2004, signed	d by the building insp	pector and the hea	nd of the fire depart	tment for the	above named
license and (2) the	certificate of liquor li	iability insurance	required by Chapte	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136600035		CITY OR TOWN	WEST BRI	DGEWATER	
APPLICATION FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
	CLASS			YEAR	
LICENSEE NAME: PJMC,INC.					
DOING BUSINESS A BOSTON TAVER	N				
ADDRESS 389 WEST CENTER STREET	Γ				
CITY/TOWN: WEST BRIDGEWATER	STATE: MA	ZIP CODE:	02379		
MANAGER: MORRISSEY,PETE TYPI R J.	E OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		ı	
DESCRIPTION OF LICENSED PREMISI					
FULL SERVICE RESTAURANT, ONE M	IAIN FLOOR SE	ATING APPR. 140 PI	EOPLE.		
the renewed license will be of the second seco	all laws of the Cor business (If not exp	nmonwealth relating to			
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT		
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	pector and the he	ad of the fire departı	nent for the	above named	
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:		By:			
DISAPPROVED: (If disapproved explain)					
(п сподруготов охрини)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 130000037		CITY OR TO	JWN WEST	DRIDGEWATER
APPLICATION FO	OR RENEWAL:	Annual	I	ICENSED FOR	2 2013
		CLASS			YEAR
LICENSEE NAMI	E: DWPW LLC				
DOING BUSINES	S A WINE PALACE				
ADDRESS 711 W	EST CENTER STREET				
CITY/TOWN: W	EST BRIDGEWATER	STATE: MA	ZIP COI	DE: 02379	
	OOD, TYPE O	OF LICENSE: Pa	ackage Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS	S:				
DESCRIPTION O	PLEASE ALSO VISIT OUR WEBST F LICENSED PREMISES		EMAIL ADDRESS		
	nsee has complied with all mises are now open for bus	siness (If not exp	lain below)	ating to taxes; an	nd
	,				
DATE:	TELEPHONE N	NUMBER:			CATION NUMBER: ial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)		LOCAL LI By:	CENSING AUT	ГНОRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 136600041		CITY OR TOW	N WEST DK	IDGEWATER
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HARDY CATERING	G LLC			
DOING BUSINESS	A				
ADDRESS 740 NOI	RTH MAIN STREET				
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: HAR	DY, GLEN TYPE	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
RESTAURANT AN	D BAR.				
I hereby certify and s	wear under penalties o	of perjury that:			
1. the renew	ed license will be of th	e same type for th	e same premises no	w licensed;	
2. the licens	ee has complied with a	all laws of the Com	monwealth relating	g to taxes; and	
3. the premi	ses are now open for b	usiness (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
	d, attest that we are in I by the building insp				
, 0	certificate of liquor li		_		
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)		-		
D 4 mg					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	130000042		CITY OR TOWN	WEST DKI	DGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	PEPPER DINING INC.				
DOING BUSINESS A	CHILI'S BAR & GRIL	L			
ADDRESS 726 WEST	Γ CENTER STREET				
CITY/TOWN: WEST	Γ BRIDGEWATER S	STATE: MA	ZIP CODE:	02379	
MANAGER: JANSE	EN, CYNTHIATYPE OI	F LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
FULL SERVICE RES	TAURANT				
I hereby certify and sw	vear under penalties of pe	erjury that:			
1. the renewed	d license will be of the sa	ame type for the	same premises now	licensed;	
2. the licensee	e has complied with all la	aws of the Comm	nonwealth relating to	taxes; and	
3. the premise	es are now open for busir	ness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	IMRED.	EMPLOYER	R IDENTIFICATI	ION NUMBER:
	TELEFTIONE NO	JWIDEK.	(Note: NOT Ind		
	attest that we are in p				
	by the building inspect ertificate of liquor liabil				
Please Check Below:	•	·			
APPROVED:			LOCAL LICENS	ING AUTHO	JKII I
DISAPPROVED:			By:		
(If disapproved explain	_ n)				
*					
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 130000043	(JIY OK TOWN	WEST DKI	DGEWATER
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	E: NS VENTURES INC.				
DOING BUSINES	S A NIKO'S PIZZA				
ADDRESS 271 E.	CENTER STREET				
CITY/TOWN: W	EST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
	RNIOTIS, TYPE C	OF LICENSE:Resta	nurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMISES	:			
PIZZA PLACED	DINE INTAKE OUT				
	l swear under penalties of				
	wed license will be of the	• •	•		
	nsee has complied with all		•	taxes; and	
3. the pren	nises are now open for bus	iness (If not explain	n below)		
SIGNED BY:			0.00		
	Individual, Partner or	Authorized Corpora	ate Officer		
DATE:	TELEPHONE N	IUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersign	ed, attest that we are in	possession (1) the	certificate require	ed by Chapte	er 304 of the
, 0	ed by the building inspec		•		
ncense and (2) the	e certificate of liquor liab	mity insurance rec	quired by Chapte	and of the	ACIS 01 2010.
Please Check Below:	_		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp	nam)				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 136600045		CITY OR TOWN	WEST BRI	DGEWATER
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NICO & MICHAEL INC	C.			
DOING BUSINESS	A CAFÉ FRANCESCA				
ADDRESS 757 WE	ST CENTER STREET				
CITY/TOWN: WE	ST BRIDGEWATER S	TATE: MA	ZIP CODE:	02379	
MANAGER: DiN	UNNO, RICH TYPE OF	LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREMISES:				
ENTRANCE LOCA	/EXIT LOCATED ON SII TED IN FRONT OF BUII IS 20X17 FENCED IN A	DINGADDIT			
I hereby certify and	swear under penalties of pe	rjury that:			
1. the renew	ved license will be of the sa	me type for the	same premises now	licensed;	
2. the licens	ee has complied with all la	ws of the Comn	nonwealth relating to	taxes; and	
3. the premi	ses are now open for busin	ess (If not expla	nin below)		
SIGNED BY:	Individual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TEEE HOLE	WIDER.	(Note: NOT Indi	ividual Social S	ecurity Number)
Acts of 2004, signe	d, attest that we are in po d by the building inspecto certificate of liquor liabil	or and the head	l of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 130000046		CITY OR TOWN	WEST DRIDGEWATER	
APPLICATION FOR	R RENEWAL:	Annual	Annual LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	CRYSTAL'S KITC	HEN, INC			
DOING BUSINESS	A				
ADDRESS 4 SOUT	H MAIN ST, UNIT 5	00			
CITY/TOWN: WE	ST BRIDGEWATER	STATE: MA	ZIP CODE:	02379	
MANAGER: TAN	I, POH CGII TYP	E OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
ONE FRONT DOOL	R AND TWO REAR	DOORS. DINING A	EA WITH APPRO	X 50 SEATS	
I hereby certify and s	swear under penalties	of perjury that:			
	ved license will be of t	* *	•		
	see has complied with		•	o taxes; and	
3. the premi	ises are now open for	business (If not expl	ain below)		
SIGNED BY:	T 1' '1 1 D .	A .1 . 1.0	OCC		
	individual, Partner	or Authorized Corp	orate Officer		
D.A. TELE					
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:	
			(Note: NOT III)	lividual Social Security Number)	
				ed by Chapter 304 of the	
				ment for the above named r 116 of the Acts of 2010.	
ncense and (2) the	certificate of fiquor i	iability insurance i	equired by Chapte	r 110 of the Acts of 2010.	
Please Check Below:				SING AUTHORITY	
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
(11 disupproved expire	······				
			·		